

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/893793 FILING DATE

APPLICANT(S)

719 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	N		4			
9	8		8			
10	8		8			
11	/		/			
12	/		/			
13	6		1			
14	0		1			
15						
16	/		/			
17	6		1			
18	8	5	5			
19	8		1			
20	9		1			
21			1			
22	0		1			
23	/		/			
24	/		/			
25	/	3	3			
26	/		1			
27	/		1			
28	/		1			
29	/	3	3			
30	/					
31	0	3	3			
32	/	1	1			
33	/		1			
34	/		1			
35	/	1	1			
36	/		1			
37	/		1			
38	7	1	1			
39	/		1			
40	/		1			
41	/		1			
42	/		1			
43	/		1			
44	/		1			
45	/		1			
46	/		1			
47						
48	/		1			
49	/		1			
50	/		1			
TOTAL IND.			18			
TOTAL DEF.			18	2	2	
TOTAL CLAIMS	63		64		4	

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51	/	/	/			
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100						
TOTAL IND.	18		19		2	
TOTAL DEF.	38		45		2	
TOTAL CLAIMS	63		64		4	